

**CHARTER TOWNSHIP OF CLINTON  
APPOINTMENT POLICY GUIDELINES  
APPOINTMENTS:**

- a) Applications: An application for appointment to boards, commissions, and/or committees that the Board of Trustees shall have authority to make shall only be submitted by a Board Member and voted upon by the Board. By state statute, the Zoning Board of Appeals, the Planning Commission, and the Downtown Development Authority Members are appointed by the Township Supervisor with the Township Board of Trustees approval.
- b) Qualifications: Qualifications and biographical data of applicants shall be submitted by the Board Member to all members of the Board at least two weeks prior to the date of voting thereon. (As agenda items, ten days prior to meeting)

All situations not covered by the foregoing rules shall be determined by Roberts Rules of Order, 2<sup>nd</sup> Edition.

The Clerk's Office will notify all Board Members 45 days in advance of an appointees term expiration.

**APPLICATION FOR APPOINTMENT  
CHARTER TOWNSHIP OF CLINTON  
BOARDS, COMMISSIONS OR COMMITTEES**

I, \_\_\_\_\_, hereby make application for  
(Name)

Appointment to \_\_\_\_\_ for a  
(Name of Board, Commission or Committee)

Term of \_\_\_\_\_ from \_\_\_\_\_ to  
(Number of Years) (Appointment date)

\_\_\_\_\_.  
(Term Expiration Date)

**TO THE CHARTER TOWNSHIP OF CLINTON BOARD OF  
TRUSTEES:  
(STATE OF MICHIGAN - COUNTY OF MACOMB)**

1. I reside at \_\_\_\_\_  
\_\_\_\_\_,  
(street address, city, zip)

since \_\_\_\_\_. Telephone #'s: \_\_\_\_\_

E-mail address: \_\_\_\_\_

2. I am at least 18 years of age: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Citizen of \_\_\_\_\_.

4. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

a. Indicate nature of your work: \_\_\_\_\_

b. Title: \_\_\_\_\_

5. Educational level and degrees received: \_\_\_\_\_  
\_\_\_\_\_

6. I presently hold the following appointments and elected positions:

\_\_\_\_\_  
(Title and appointment or election date)

\_\_\_\_\_

7. Previously held appointments and/or elected positions:

\_\_\_\_\_  
(Title and dates of service)

8. Participation in any Township related activities, include any civic, fraternal, charitable, professional organizations, etc. (Add additional pages if necessary)

9. Is this an application for reappointment? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, how may years have you served on this board? \_\_\_\_\_

10. Briefly indicate your qualifications for appointment to this specific board/commission and/or committee and why you believe your appointment will benefit Clinton Township.

I hereby apply for appointment to \_\_\_\_\_  
(Name of Board/Commission/Committee)

And acknowledge that (1) if appointed, I will comply with all Statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name—Print or Type)